2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100789

City-St-Zip:

BOCA RATON, FL 33432

Entity Name: CAREADVANTAGE OF THE HEARTLAND, INC.

FILED Aug 08, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|----------------------------------|----------------------------------|---|--|--|
| | COURT DRIVE FL 34997 L | JS | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | COURT DRIVE FL 34997 (| JS | | | |
| FEI Number | r: 59-3608932 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of (| Current Registered Agent: | Name and Address o | f New Registered Agent: | |
| | KIM COURT DRIVE FL 34997 (| | | | |
| | e named entity te of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | IRE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | MYRICK, KIM 3462 SE COUR | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MCCASKILL, S 6120 PAYNE S | STEWART DRIVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | P (LECHNER, BR | | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KIM MYRICK ST 08/08/2006